

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38684**
Registrar's No. **10357**

Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4943 Lisette Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **MARY STUDER**

3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Fred** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 26 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 1 hr. min.

9. Birthplace **St. Charles Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

12. Name **Adam Amend**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Jochum**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Studer**
(b) Address **4943 Lisette Ave.**
17. (a) **Burial** (b) Date thereof **11-30-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Resurrection Cemetery**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 So. Kingshighway Bl.**
NOV 29 1948
19. (a) (Date received local registrar) (b) **J. D. Ladater**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **over 17**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4943 Lisette Ave.**
2 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **27**
year **1948** hour **8:30** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (e) Means of injury **3**
23. Signature **Patric E Taylor Sup Ct** (M.D. or other)
Address **1300 Clark** Date signed **11-29-48**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Richard W. Stovessand
Licensed Embalmer No. 4007
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.